

Check the applicable box:

☒ **Lobbyist Employer Registration Statement**

☐ **Lobbying Coalition Registration Statement**

(Government Code Section 86105)

Type or Print in ink

Legislative Session

2019 2020
(Insert Years)

1/5

CALIFORNIA FORM **603**

FAIR POLITICAL PRACTICES COMM.

For Official Use Only

AMENDMENT 1

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION (CBHDA)

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

Sacramento

CA

95818

MAILING ADDRESS: (If different than above)

If this is an initial registration, enter the DATE QUALIFIED:

TELEPHONE NUMBER:

FAX NUMBER: (Optional)

916-446-4519

E-MAIL: (Optional)

msolley@cbhda.org

I Lobbyists and Lobbying Firms Employed

* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.

Please see attached pages

II List Below the State Agencies Whose Actions you Will Attempt to Influence

* Will you attempt to influence the State Legislature?



Yes



No

Please see attached pages

III Description of Lobbying Interests

* For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act." Legislation relating to the financing and operation of public behavioral health services as it will affect the local beha

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed On 02/22/2019
DATE

By Mr. Thomas Renfree
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Mr. Thomas Renfree
TYPE OR PRINT

Title Interim Executive Director

FPPC Form 603 (7/98)
For Technical Assistance: 916/322-5660

Lobbyist Employer/Lobbying Coalition Registration Statement

CALIFORNIA
FORM **603**
FAIR POLITICAL PRACTICES COMM.

SEE INSTRUCTIONS ON REVERSE

Type or Print in ink

NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:

COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION (CBHDA)

2/5

Nature and Interests of Filer

Check one box only:

- ☐ INDIVIDUAL (Complete only Parts A and E) ☐ BUSINESS ENTITY (Complete only Parts B and E) ☒ INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E) ☐ OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity

Description of business activity in which engaged:

C. Industry, Trade or Professional Association

1. Description of industry, trade or profession represented:

California local behavioral health public agencies

2. Specific description of any portion or faction of the industry, trade or profession which the association exclusively or primarily represents:

County Behavioral Health Directors Association (- CBHDA)

3. Number of members in association (check appropriate box)

- ☐ 50 OR LESS (provide names of all members on an attachment.) ☒ MORE THAN 50

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

- ☐ AGRICULTURE ☐ LEGAL
☐ EDUCATION ☐ PUBLIC EMPLOYEES
☒ GOVERNMENT ☐ POLITICAL ORGANIZATIONS
☐ HEALTH ☐ UTILITIES
☐ LABOR UNIONS ☐ OTHER: _____
(Describe)

BUSINESS (Check one of the following sub-categories.)

- ☐ ENTERTAINMENT/RECREATION ☐ OIL AND GAS
☐ FINANCE/INSURANCE ☐ PROFESSIONAL/TRADE
☐ LODGING/RESTAURANTS ☐ REAL ESTATE
☐ MANUFACTURING/INDUSTRIAL ☐ TRANSPORTATION
☐ MERCHANDISE/RETAIL ☐ OTHER _____
(Describe)

Lobbyist Employer/Lobbying
Coalition Registration Statement

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Employee Lobbyist
Thomas E. Renfree
Lobbying Firm
DELGADO GOVERNMENT AFFAIRS,LLC

II List Below the State Agencies Whose Actions you Will Attempt to Influence

Department of Finance

Office of the Governor

California Housing Finance Agency

Department of Managed Health Care

Health and Human Services Agency

Department of Corrections & Rehabilitation

Department of Health Care Services

Department of Social Services

Mental Health Services Oversight & Accountability Commission

University of California

Department of Public Health

Department of State Hospitals

Department of Education

California Health Benefit Exchange

Office of Statewide Health Planning & Development

California Mental Health Planning Council

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II List Below the State Agencies Whose Actions you Will Attempt to Influence

California State University

Managed Risk Medical Insurance Board

CA Health Care Facilities Financing

CA Community Colleges Chancellors

Judicial Council of California